



**COMMISSION ON REHABILITATION SERVICES  
SATISFACTION SURVEY FOR CUSTOMERS WITH PRE-LINGUAL DEAFNESS**

State Form 49603 (R / 7-00) / VRS 0019

**INSTRUCTIONS AND OPTIONS**

Vocational Rehabilitation (VR) would like to improve its services. You can help us by letting us know how we are doing. Please take a few minutes to answer the questions on the next page.

You may have concerns and want to talk to someone about your services or job. If you do, check the box OR call the toll-free telephone number by the person you would like to see at the bottom of the next page. If you have things to say about your services or how services could be improved, please write them on the back of the next page.

You have two choices:

Choice One: Answer the survey in the VR office. Put the survey in the pre-addressed and pre-stamped envelope. Give it to the receptionist or secretary and it will be mailed for you.

Choice Two: Take the survey home to answer. Use the pre-addressed and pre-stamped envelope to mail it.

Please feel free to ask questions about the survey while you are at the VR office. Thank you very much for your help.

# **COMMISSION ON REHABILITATION SERVICES** **SATISFACTION SURVEY FOR CUSTOMERS WITH PRE-LINGUAL DEAFNESS**

Circle the answer to the right which BEST tells how you grade each item below. Feel free to ask for help in filling out this survey if you need it.

Customer number:

	<b>J</b>				<b>L</b>
1. It was easy for me to find and visit my counselor's office.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
2. I like the job I have now.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
3. I got the kind of job I wanted.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
4. I got the services I needed to keep the job I have now.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
5. I picked the kind of job I wanted.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
6. I was able to pick the kind of help I got.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
7. I was able to pick the people who helped me.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
8. My counselor was nice to me.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
9. The other Vocational Rehabilitation staff were nice to me.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
10. The other people who helped provide services to me were nice to me.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
11. I was able to talk to my counselor face to face or by TTY or Relay when I wanted to.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
12. I got fast help from Vocational Rehabilitation.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>
13. I will tell my friends to ask Vocational Rehabilitation to help them.	<b>VERY GOOD</b>	<b>GOOD</b>	<b>OKAY</b>	<b>BAD</b>	<b>VERY BAD</b>

If you want to talk to someone about your services or job, then check the box OR call the toll-free telephone number by the person you would like to see. If not, then leave both boxes empty.

☐ I want to talk to the Area Supervisor. \_\_\_\_\_

☐ I want to talk to the Region Manager. \_\_\_\_\_

If you have things to say about your services or how services could be improved, write them on the back of this page.

Did someone help you fill out this form? ☐ Yes ☐ No

## COMMENTS

[illegible]